COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from Jan 1 2012 through June 30 2012

Date of election if applicable: (Month, Day, Year) Nov. 6, 2012

Date Stamp: RECEIVED 2012 JUL 31 PM 2: 3 CITY CLERK CITY OF LODI

CALIFORNIA FORM 460

Page 1 of 11

For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ◯ State Candidate Election Committee
  - ◯ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ◯ Sponsored
  - ◯ Small Contributor Committee
  - ◯ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ◯ Controlled
  - ◯ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1267765

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Committee to elect Bob Johnson for City Council 2012

STREET ADDRESS (NO P.O. BOX): 1311 Midvale Road

CITY: Lodi STATE: Ca ZIP CODE: 95240 AREA CODE/PHONE: 209-639-3106

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ Date — By _____ Signature of Treasurer or Assistant Treasurer

Executed on 7/28/12 Date — By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date — By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date — By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Bob Johnson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lodi City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1311 Midvale Road	Lodi Ca 95240		

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM **460**

Statement covers period from Jan 1 2012 through June 30 2012

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Bob Johnson

I.D. NUMBER: 1267765

Contributions Received

		Column A (TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES))	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 5664.00	$ 5664.00
2. Loans Received	*Schedule B, Line 3*	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 5664.00	$ 5664.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 5664.00	$ 5664.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 1155.63	$ 1155.63
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 1155.63	$ 1155.63
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 1155.63	$ 1155.63

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 5758.81
13. Cash Receipts	*Column A, Line 3 above*	5664.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	1155.63
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 10267.18

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	*Schedule B, Part 2*	$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
__/__/__	$
__/__/__	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

Statement covers period
from Jan 1 2012
through June 30 2012

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bob Johnson

I.D. NUMBER
1267765

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/13/12	Susan DellOsso 26 W Stewart Rd Lathrop Ca 95330	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	DellOsso Farms Farmer	100		
6/13/12	JP Butorac 2828 Paradise Lodi Ca 95242	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
6/13/12	Gary Kapi 740 Willow Glen Lodi Ca 95240	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
6/13/12	Randy Rosa PO Box 1223 Lodi Ca 95241	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed Attorney	100		
6/13/12	Troy Beckman 1115 Heidelberg Lodi ca 95242	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250		
			SUBTOTAL $	650		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 4200
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1464
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 5664

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from Jan 1 2012
through June 30 2012

CALIFORNIA FORM 460

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NAME OF FILER
Bob Johnson

I.D. NUMBER
1267765

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/13/12	Allan Baker 303 S Pleasant ~~401 Evergreen~~ Lodi Ca 95240	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Baker Prop Mgt Owner	100		
6/13`12	Randy Snider 1300 W Lodi Ave Lodi Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Wentland Snider Prop Mgr	250		
6/1812	James Watt 1630 Millbrook Lodi Ca 95242	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Truex Ins Owner	100		
6/18/12	Dan Phelps 1170 Green Oaks Lodi Ca 95242	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Bowman & Co CPA	250		
6/19/12	Joe Handel 20117 Fairoaks Woodbridge CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed Investor	100		
			SUBTOTAL $	800		

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IND – Individual
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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from Jan 1 2012
through June 30 2012

CALIFORNIA FORM 460

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NAME OF FILER
Bob Johnson

I.D. NUMBER
1267765

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/13/12	Bob Takeuchi 401 Evergreen Lodi Ca 95242	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
6/13`12	Morris Knight 357 River Meadows Woodbridge Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
6/13/12	Mike Locke 1000 W Pine Lodi Ca 95240	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Christensens Owner	100		
6/13/12	Teresa Locke 1000 W Pine St Lodi Ca 95240	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
6/13/12	Keith Ledbetter 2344 Cabrillo Cir Lodi Ca 95242	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
			SUBTOTAL $	500		

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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from Jan 1 2012
through June 30 2012

CALIFORNIA FORM **460**

NAME OF FILER
Bob Johnson

I.D. NUMBER
1267765

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/18/12	Frank Alegre 1140 Vienna Lodi Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Alegre Trucking Owner	200		
6/18/12	Bill Dauer 225 Royal Oaks Lodi Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
6/1812	Marilyn Field 624 Palm Lodi Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100		
6/18/12	Vern Weigum 401 N Ham Lane Lodi Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Weigum Nursery Owner	100		
6/19/12	Mike Metcalf 506 W Lodi Ave Lodi Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Avenue Grill Owner	100		
			SUBTOTAL $	600		

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IND – Individual
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PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from Jan 1 2012
through June 30 2012

CALIFORNIA FORM 460

NAME OF FILER
Bob Johnson

I.D. NUMBER
1267765

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/18/12	Joe Fiori 531 S Mills Lodi Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Butcher Shop Owner	100		
6/25/12	Dave Akin 1151 Heidelberg Lodi Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Akin Estates Vitner	100		
6/25/12	AM Stephens Inc PO Box 1867 Lodi Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Contractor	100		
6/25/12	Joe Harrington 2017 Cochran Lodi Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	LMH Hospital Admin	100		
6/25/12	Kevin Knutson 1555 Springhaven Lodi Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RalCorp Sales	100		
			SUBTOTAL $	500		

*Contributor Codes
IND – Individual
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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from Jan 1 2012
through June 30 2012

CALIFORNIA FORM 460

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NAME OF FILER
Bob Johnson

I.D. NUMBER
1267765

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/25/12	John Leadbetter PO Box 340 Victor Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vino Farms Owner	250		
6/25/12	Eric Daegling 1642 Timberlake Cir Lodi Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Bank of Stockton VP	100		
6/25/12	Claude Brown 14281 Vintage Rd Lodi Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	AIM Inc Engineer	500		
6/25/12	Phil Felde 89 Rivermeadows Woodbridge Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Bank of A and C ~~LMH~~ f VP	100		
6/25/12	Terry Quashnick 401 S Main Lodi Ca	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Quashnick Tool Engineer	200		
			SUBTOTAL $	1150		

*Contributor Codes
IND – Individual
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OTH – Other (e.g., business entity)
PTY – Political Party
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Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from Jan 1 2012
through June 30 2012

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Bob Johnson

I.D. NUMBER
1267765

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Lodi Chamber of Commerce 35 S School St Lodi Ca	cvc	Annual Dinner	60.00
Lodi Visitor Bureau 115 S School St Lodi Ca	cvc	Annual Meegting	30.00
Applied Office 420 N Sacramento St Lodi Ca	ofc	Computer Repair	50.00

* **Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

SUBTOTAL $ 140.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1155.63
2. Unitemized payments made this period of under $100 ..... $
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 1155.63

Schedule E (Continuation Sheet) Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from Jan 1 2012 through June 30 2012

CALIFORNIA FORM 460

Page 11 of 11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Bob Johnson

I.D. NUMBER: 1267765

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postal Service	pos	Postage	270.00
Coloring Book	cmp	Printing	745.63

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 1015.63